

Fill in this information to identify your case:

Debtor 1 **Gary Robert Hanson**

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**Case number **16-80088**

(if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

City of Elgin, Illinois

Priority Creditor's Name

150 Dexter Ct.**Elgin, IL 60120-5555**

Number Street City State Zip Code

Last 4 digits of account number

0026

\$

650.00

\$

650.00

\$

\$0.00

When was the debt incurred?

01/01/2016

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☒ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

Fines and penalties for offering 665 Waverly Dr property for rent without a residential rental license

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

2.2

**Illinois Department of Empl
Sec**

Priority Creditor's Name

33 S. State St.**10th Floor****Chicago, IL 60606-2802**

Number Street City State Zip Code

Last 4 digits of account number **4633** \$ **7,413.55** \$ **7,413.55** \$ **\$0.00**When was the debt incurred? **09/30/2012**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a
community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Responsible person liability for unpaid IDES
taxes for G&E Contracting**

2.3

Internal Revenue Service

Priority Creditor's Name

PO Box 7346**Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Last 4 digits of account number \$ **1,178.71** \$ **1,178.71** \$ **\$0.00**When was the debt incurred? **2015 tax liability**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a
community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**2015 tax liability**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

2.4

Village of East Dundee Photo Enforc

Priority Creditor's Name

75 Remittance Dr.**Ste. 6658****Chicago, IL 60675-6658**

Number Street City State Zip Code

Last 4 digits of account number **9450** \$ **100.00** \$ **100.00** \$ **\$0.00**When was the debt incurred? **02/13/2015**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Red light camera ticket****Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

ACL Laboratories

Priority Creditor's Name

PO Box 27901**West Allis, WI 53227-0901**

Number Street City State Zip Code

Last 4 digits of account number **4082** \$ **12.00**When was the debt incurred? **01/22/2013**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services for child**

4.2

Alexian Brothers Medical Center

Priority Creditor's Name

P.O. Box 3495**Toledo, OH 43607**

Number Street City State Zip Code

Last 4 digits of account number **4592** \$ **26.58**When was the debt incurred? **12/11/2012**

As of the date you file, the claim is: Check all that apply

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical services for child

4.3

Alexian Brothers Medical Center

Priority Creditor's Name

P.O. Box 3495**Toledo, OH 43607**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

4592

\$

105.08

When was the debt incurred?

12/11/2012

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical services for child

4.4

American Center for Spine & Neuro

Priority Creditor's Name

PO Dept 4663**Carol Stream, IL 60122-4663**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

6929

\$

88.80

When was the debt incurred?

06/05/2012

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical services

4.5

American Dream Home Improvement

Priority Creditor's Name

Last 4 digits of account number

2017

\$

11,895.86

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

3040 S. Finley Rd.
Ste. 200
Downers Grove, IL 60515
 Number Street City State Zip Code

When was the debt incurred? **04/10/2015**

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Roofing services on 600 Flora Dr.**

4.6

Capital One

Priority Creditor's Name
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130
 Number Street City State Zip Code

Last 4 digits of account number **7144** \$ **1,165.00**

Opened 5/01/14 Last
Active 9/22/15

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit Card**

4.7

Capital One

Priority Creditor's Name
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130
 Number Street City State Zip Code

Last 4 digits of account number **0310** \$ **0.00**

Opened 10/01/01 Last
Active 4/17/06

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit Card**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

4.8

CEP America Illinois LLP

Priority Creditor's Name

PO Box 582663**Modesto, CA 95358-0046**

Number Street City State Zip Code

Last 4 digits of account number

4454

\$

28.80

When was the debt incurred?

12/03/2012

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.9

CEP America Illinois LLP

Priority Creditor's Name

P.O. Box 582663**Modesto, CA 95358-0046**

Number Street City State Zip Code

Last 4 digits of account number

0551

\$

10.80

When was the debt incurred?

07/08/2013

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.10

CEP America Illinois LLP

Priority Creditor's Name

PO Box 582663**Modesto, CA 95358-0046**

Number Street City State Zip Code

Last 4 digits of account number

5556

\$

414.00

When was the debt incurred?

02/25/2013

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

4.11	CEP America Illinois LLP Priority Creditor's Name P.O. Box 582663 Modesto, CA 95358-0046 Number Street City State Zip Code	Last 4 digits of account number 5588 When was the debt incurred? 10/20/2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services for child</u>	\$ 11.50
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.12	Citi Priority Creditor's Name Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5804 When was the debt incurred? Opened 3/01/88 Last Active 12/19/05 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$ 0.00
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4.13	Comenity Bank/Harlem Furniture Priority Creditor's Name Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code	Last 4 digits of account number 6295 When was the debt incurred? Opened 5/01/09 Last Active 7/14/09 As of the date you file, the claim is: Check all that apply	\$ 0.00
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Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Charge Account**

4.14

Country Financial

Priority Creditor's Name

1701 N Towanda Ave**Bloomington, IL 61701-2057**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

2590

\$

366.49

When was the debt incurred?

02/05/2013

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Insurance claim**

4.15

Country Mutual Insurance Company

Priority Creditor's Name

1701 N Towanda Ave**Bloomington, IL 61701-2057**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$

3,729.73

When was the debt incurred?

06/25/2014

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Insurance claim**

4.16

Credit First/CFNA

Priority Creditor's Name

Last 4 digits of account number

3444

\$

0.00

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088**Bk13 Credit Operations
Po Box 818011
Cleveland, OH 44181**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?****Opened 3/01/09 Last
Active 9/09/15****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Charge Account**

4.17

Credit One Bank Na

Priority Creditor's Name

**Po Box 98873
Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number****5643**

\$

0.00**When was the debt incurred?****Opened 1/13/15 Last
Active 8/02/15****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit Card**

4.18

Gary A. Magee, M.D.

Priority Creditor's Name

**8135 N. Milwaukee Ave
Niles, IL 60714**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number****1MPM**

\$

1,100.00**When was the debt incurred?****03/10/2008****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

4.20	Gentle Care for Kids Teeth Priority Creditor's Name 1446 Merchant Cir. Algonquin, IL 60102 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0012 When was the debt incurred? 06/09/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Dental services for child	\$ 94.80
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4.20	Good Shepherd Hospital Priority Creditor's Name 450 Illinois 22 Barrington, IL 60010 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2891 When was the debt incurred? 06/14/2007 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical services	\$ 1,112.00
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4.21	Kohls/Capital One Priority Creditor's Name Po Box 3120 Milwaukee, WI 53201 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1122 When was the debt incurred? Opened 4/20/04 Last Active 8/17/11 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Account	\$ 0.00
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Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

4.22

Lazy Boy/GECRB

Priority Creditor's Name

Attn: Bankruptcy**Po Box 103104****Roswell, GA 30076**

Number Street City State Zip Code

Last 4 digits of account number

0743

\$

0.00

When was the debt incurred?

Opened 10/01/05 Last**Active 11/08/06**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Credit Card**

4.23

Look What I Can Do Early Interventi

Priority Creditor's Name

PO Box 88726**Chicago, IL 60680-1726**

Number Street City State Zip Code

Last 4 digits of account number

0601

\$

90.00

When was the debt incurred?

04/26/2012

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.24

Med Business Bureau

Priority Creditor's Name

Po Box 1219**Park Ridge, IL 60068**

Number Street City State Zip Code

Last 4 digits of account number

0004

\$

580.00

When was the debt incurred?

Opened 9/01/13

As of the date you file, the claim is: Check all that apply

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088**Who incurred the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collection Attorney Med1 02 Tricounty
Emrg Physicians**

4.25

Med Business Bureau

Priority Creditor's Name

Po Box 1219**Park Ridge, IL 60068**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number****0002**

\$

418.00**When was the debt incurred?****Opened 8/01/12****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collection Attorney Med1 02 Tricounty
Emrg Physicians**

4.26

Med Business Bureau

Priority Creditor's Name

Po Box 1219**Park Ridge, IL 60068**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number****0003**

\$

217.00**When was the debt incurred?****Opened 7/01/14****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collection Attorney Med1 02 Tricounty
Emrg Physicians**

4.27

Med Business Bureau

Priority Creditor's Name

Po Box 1219**Park Ridge, IL 60068****Last 4 digits of account number****0001**

\$

154.00**When was the debt incurred?****Opened 8/01/12**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ **Check if this claim is for a community debt**☐ Student loans**Is the claim subject to offset?**☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify**Collection Attorney Med1 02 Tricounty
Emrg Physicians**

4.28

Med Business Bureau

Last 4 digits of account number

1932\$ **75.00**

Priority Creditor's Name

Po Box 1219

When was the debt incurred?

Opened 8/01/13**Park Ridge, IL 60068**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ **Check if this claim is for a community debt**☐ Student loans**Is the claim subject to offset?**☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify**Collection Attorney Med1 02 Park Ridge
Anesthesiology**

4.29

Merchants Credit

Last 4 digits of account number

2954\$ **2,000.00**

Priority Creditor's Name

223 W Jackson Blvd

When was the debt incurred?

Opened 5/01/12**Ste 700****Chicago, IL 60606**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Contingent☒ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another**Type of NONPRIORITY unsecured claim:**☐ **Check if this claim is for a community debt**☐ Student loans**Is the claim subject to offset?**☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify**Collection Attorney Elmhurst Outpatient
Surgery Ce**

4.30

**Midwest Diagnostic Pathology
SC**

Last 4 digits of account number

571G\$ **32.00**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Priority Creditor's Name

75 Remittance Dr**Ste 3070****Chicago, IL 60675-3070**

Number Street City State Zip Code

When was the debt incurred?

07/12/2012

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services**

4.31

Midwest Diagnostic Pathology, SC

Priority Creditor's Name

75 Remittance Dr**Ste 3070****Chicago, IL 60675-3070**

Number Street City State Zip Code

Last 4 digits of account number

150G

\$

106.00

When was the debt incurred?

06/03/2012

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services**

4.32

Midwest Diagnostic Pathology, SC

Priority Creditor's Name

75 Remittance Dr.**Ste. 3070****Chicago, IL 60675-3070**

Number Street City State Zip Code

Last 4 digits of account number

7940

\$

77.00

When was the debt incurred?

02/23/2015

As of the date you file, the claim is: Check all that apply

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical services for child

4.33

Midwest Diagnostic Pathology, SC

Priority Creditor's Name

75 Remittance Dr.**Ste. 3070****Chicago, IL 60675-3070**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **557G**\$ **63.00**When was the debt incurred? **02/06/2014**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical services for child

4.34

Midwest Diagnostic Pathology, SC

Priority Creditor's Name

75 Remittance Dr.**Ste. 3070****Chicago, IL 60675-3070**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3143**\$ **225.00**When was the debt incurred? **01/06/2013**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyMedical services

4.35

Midwest Diagnostic Pathology, SC

Priority Creditor's Name

Last 4 digits of account number **571G**\$ **283.00**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088**75 Remittance Dr.
Ste. 3070
Chicago, IL 60675-3070**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

08/30/2013

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services**

4.36

**Midwest Diagnostic Pathology,
SC**

Priority Creditor's Name

**75 Remittance Dr.
Ste. 3070****Chicago, IL 60675-3070**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

277G

\$

10.70

When was the debt incurred?

01/19/2012 - 03/01/2012

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.37

National Asset Management

Priority Creditor's Name

**626 N. 4th ST.
Ste 201A****Steubenville, OH 43952**

Number Street City State Zip Code

Last 4 digits of account number

0461

\$

221.54

When was the debt incurred?

03/19/2013

As of the date you file, the claim is: Check all that apply

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Collection agency

4.38

Navient

Priority Creditor's Name

Attn: Claims Dept**Po Box 9500****Wilkes-Barr, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

0001

\$

0.00

When was the debt incurred?

Opened 6/01/04 Last**Active 7/11/07**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify

Educational

4.39

Nicor Gas

Priority Creditor's Name

P.O. Box 2020**Aurora, IL 60507-2020**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

8857

\$

288.31

When was the debt incurred?

12/17/2015

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Natural gas service for 600 Flora Dr.

4.40

North Shore Pediatric Therapy

Priority Creditor's Name

Ste 103**1308 Waukegan Rd****Glenview, IL 60025**

Last 4 digits of account number

6555

\$

379.81

When was the debt incurred?

03/19/2013 - 03/27/2013

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Contingent☒ Debtor 1 only☐ Unliquidated☐ Debtor 2 only☐ Disputed☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. SpecifyMedical services for child

4.41

North Shore Pediatric Therapy

Last 4 digits of account number

7385\$ **110.33**

Priority Creditor's Name

Ste 103

When was the debt incurred?

04/22/2013**1308 Waukegan Rd****Glenview, IL 60025**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Contingent☒ Debtor 1 only☐ Unliquidated☐ Debtor 2 only☐ Disputed☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. SpecifyMedical services for child

4.42

North Shore University Health Syste

Last 4 digits of account number

7251\$ **397.00**

Priority Creditor's Name

100 S. Owasso Blvd W

When was the debt incurred?

10/23/2014**Saint Paul, MN 55117**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Contingent☒ Debtor 1 only☐ Unliquidated☐ Debtor 2 only☐ Disputed☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. SpecifyMedical services for child

4.43

North Shore University Health Syste

Last 4 digits of account number

7251\$ **24.20**

Priority Creditor's Name

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088**23056 Network PI
Chicago, IL 60673-1230**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **04/26/2013**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services**

4.44

Northwest Collectors

Priority Creditor's Name

**3601 Algonquin Rd. Suite 232
Rolling Meadows, IL 60008**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0747**\$ **266.00**When was the debt incurred? **Opened 9/01/10**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Collection Attorney Elmhurst
Radiologists S.C.**

4.45

Oac

Priority Creditor's Name

**Po Box 500
Baraboo, WI 53913**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7769**\$ **65.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Med1 02 Wellington Radiology Group**

4.46

Oac

Priority Creditor's Name

Last 4 digits of account number **3640**\$ **231.00**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088**Po Box 500
Baraboo, WI 53913**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Med1 02 Wellington Radiology Group**

4.47

Oac

Priority Creditor's Name

**Po Box 500
Baraboo, WI 53913**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number****9413**

\$

0.00**When was the debt incurred?****Last Active 5/20/12****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Med1 02 Wellington Radiology Group**

4.48

Oac

Priority Creditor's Name

**Po Box 500
Baraboo, WI 53913**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number****1726**

\$

55.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Med1 02 Wellington Radiology Group**

4.49

Oac

Priority Creditor's Name

Last 4 digits of account number**5798**

\$

0.00

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088**Po Box 500
Baraboo, WI 53913**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?****Last Active 6/04/12****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Med1 02 Wellington Radiology Group**

4.50

Oac

Priority Creditor's Name

**Po Box 500
Baraboo, WI 53913**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number****5797**

\$

0.00**When was the debt incurred?****Last Active 6/04/12****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Med1 02 Wellington Radiology Group**

4.51

Oac

Priority Creditor's Name

**Po Box 500
Baraboo, WI 53913**

Number Street City State Zip Code

Who incurred the debt? Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number****3713**

\$

69.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Med1 02 Wellington Radiology Group**

4.52

Oakridge Lawn & Landscaping

Priority Creditor's Name

Last 4 digits of account number

\$

456.75

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088**2200 N. Huntington Dr.
Algonquin, IL 60102**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **10/01/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Lawncare services**

4.53

Orthopedic Surgery Specialists

Priority Creditor's Name

P.O. Box 2404**Bedford Park, IL 60499**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1703**\$ **1,317.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical Services for child**

4.54

**Orthopedic Surgery Specialists,
Ltd**

Priority Creditor's Name

P.O. Box 2404**Bedford Park, IL 60499-2404**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0353**\$ **132.20**When was the debt incurred? **01/30/2015 - 05/07/2012**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.55

Pediatric Specialists fo the NWLast 4 digits of account number **2586**\$ **130.00**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Priority Creditor's Name
5057 Shoreline Rd
Lake Barrington, IL 60010
 Number Street City State Zip Code

When was the debt incurred? **02/04/2013-04/15/2013**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services for child**

4.56

Pnc Bank

Priority Creditor's Name

2730 Liberty Ave
Pittsburgh, PA 15222
 Number Street City State Zip Code

Last 4 digits of account number **3490** \$ **0.00**

When was the debt incurred?

Opened 8/01/05 Last Active 4/10/13

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Check Credit Or Line Of Credit**

4.57

Pnc Bank Na

Priority Creditor's Name

Po Box 3180
Pittsburgh, PA 15230
 Number Street City State Zip Code

Last 4 digits of account number **8245** \$ **0.00**

When was the debt incurred?

Opened 9/01/05 Last Active 6/28/13

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

4.58

Quest Diagnostics

Priority Creditor's Name

PO Box 7306**Hollister, MO 65673-7306**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

5440

\$

55.00

When was the debt incurred?

06/10/2012

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.59

Sherman Hospital

Priority Creditor's Name

35134 Eagle Way**Chicago, IL 60678-1351**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

2207

\$

105.23

When was the debt incurred?

07/28/2012

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.60

Sherman Hospital

Priority Creditor's Name

1425 N. Randall Rd.**Elgin, IL 60123**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

7003

\$

75.69

When was the debt incurred?

02/25/2013

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

4.61

Sherman Hospital

Priority Creditor's Name

**35134 Eagle Way
Chicago, IL 60678-1351**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

2207

\$

295.60

When was the debt incurred?

07/28/2012

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.62

Stephen A. Madry, MD

Priority Creditor's Name

**810 Biesterfeld Rd.
Elk Grove Village, IL 60007**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

1433

\$

90.45

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.63

Synchrony Bank/ JC Penneys

Priority Creditor's Name

**Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

0722

\$

0.00

When was the debt incurred?

**Opened 12/01/97 Last
Active 1/19/04**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Charge Account**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

4.64

Synchrony Bank/ Old Navy

Priority Creditor's Name

Attn: Bankruptcy**Po Box 103104****Roswell, GA 30076**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

4934

\$

0.00

When was the debt incurred?

Opened 11/15/02 Last Active 7/11/07

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Charge Account**

4.65

Tri-County Emergency Physician

Priority Creditor's Name

P.O. Box 98**Barrington, IL 60011-0098**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

2752

\$

217.00

When was the debt incurred?

02/06/2014

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

4.66

Tri-County Emergency Physician

Priority Creditor's Name

P.O. Box 98**Barrington, IL 60011-0098**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

6789

\$

30.80

When was the debt incurred?

12/20/2012

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Medical services for child**

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

4.67	Visa Dept Store National Bank Priority Creditor's Name Attn: Bankruptcy Po Box 8053 Mason, OH 45040 Number Street City State Zip Code	Last 4 digits of account number 8750 When was the debt incurred? Opened 2/01/00 Last Active 9/05/07 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Charge Account</u>	\$ 0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.68	Waverly Commons Condominium Assn Priority Creditor's Name c/o Registered Agent Donald J. Rage 1450 Plymouth Ln Elgin, IL 60123 Number Street City State Zip Code	Last 4 digits of account number NSON When was the debt incurred? 10/31/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Condo Assn Dues</u>	\$ 440.93
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.69	William A. Hellyer, Ltd. Priority Creditor's Name 444 N. IL Rte 31 Ste 100 Crystal Lake, IL 60012 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred? 02/25/2014 As of the date you file, the claim is: Check all that apply	\$ 1,125.00
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Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. SpecifyLegal services**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address

AFNI, Inc.**1310 Martin Luther King Dr****PO Box 3517****Bloomington, IL 61702-3517**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.14 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **4201**

Name Address

Computer Credit, Inc.**640 W. Fourth St.****PO Box 5238****Winston Salem, NC 27113-5238**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.2 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **4592**

Name Address

Computer Credit, Inc.**640 W. Fourth St.****PO Box 5238****Winston Salem, NC 27113-5238**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **4592**

Name Address

Credit Collection Services**Commerci****725 Canton St.****Norwood, MA 02062**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.15 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **3014**

Name Address

ICS, Inc.**PO Bx 1010****Tinley Park, IL 60477-9110**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.20 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **2891**

Name Address

Law Offices of Joel Cardis, LLC**2006 Swede Rd****Ste 100****E. Norrrington, PA 19401**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.62 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **6873**

Name Address

Medical Recovery Specialists LLC**2250 E. Devon Ave**

On which entry in Part 1 or Part2 did you list the original creditor?

Line 4.59 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Gary Robert Hanson**

Case number (if know)

16-80088**Ste. 352****Des Plaines, IL 60018-4521****Last 4 digits of account number 2393**

Name Address

**Rage Property Management, Inc.
1450 Plymouth Ln
Elgin, IL 60123****On which entry in Part 1 or Part2 did you list the original creditor?**Line **4.68** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number NSON**

Name Address

**Stainslaus Credit Control Service
914 14th St
PO Box 480
Modesto, CA 95353****On which entry in Part 1 or Part2 did you list the original creditor?**Line **4.8** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number 5401**

Name Address

**Transworld Systems Inc.
507 Prudential Rd.
Horsham, PA 19044****On which entry in Part 1 or Part2 did you list the original creditor?**Line **4.53** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number 1703**

Name Address

**Transworld Systems, Inc.
507 Prudential Rd.
Horsham, PA 19044****On which entry in Part 1 or Part2 did you list the original creditor?**Line **4.62** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number****Part 4: Add the Amounts for Each Type of Unsecured Claim****6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 9,342.26
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$ 9,342.26
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 31,070.98
	6j. Total. Add lines 6f through 6i.	6j.	\$ 31,070.98

**United States Bankruptcy Court
Northern District of Illinois**

In re **Gary Robert Hanson**

Debtor(s)

Case No. **16-80088**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX - AMENDED

Number of Creditors: **69**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **January 20, 2016**

/s/ Gary Robert Hanson

Gary Robert Hanson

Signature of Debtor

ACL Laboratories
PO Box 27901
West Allis, WI 53227-0901

AFNI, INC.
1310 Martin Luther King Dr
PO Box 3517
Bloomington, IL 61702-3517

Alexian Brothers Medical Center
P.O. Box 3495
Toledo, OH 43607

American Center for Spine & Neuro
PO Dept 4663
Carol Stream, IL 60122-4663

American Dream Home Improvement
3040 S. Finley Rd.
Ste. 200
Downers Grove, IL 60515

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

CEP America Illinois LLP
PO Box 582663
Modesto, CA 95358-0046

CEP America Illinois LLP
P.O. Box 582663
Modesto, CA 95358-0046

Chase Mortgage
P.O. Box 24696
Columbus, OH 43224

Chase Mtg
Po Box 24696
Columbus, OH 43224

Citi

City of Elgin, Illinois
150 Dexter Ct.
Elgin, IL 60120-5555

Codilis & Associates, P.C.
15W030 N. Frontage Rd
Ste. 100
Willowbrook, IL 60527

Comenity Bank/Harlem Furniture
Po Box 182125
Columbus, OH 43218

Computer Credit, Inc.
640 W. Fourth St.
PO Box 5238
Winston Salem, NC 27113-5238

Country Financial
1701 N Towanda Ave
Bloomington, IL 61701-2057

Country Mutual Insurance Company
1701 N Towanda Ave
Bloomington, IL 61701-2057

Credit Collection Services Commerci
725 Canton St.
Norwood, MA 02062

Credit First/CFNA
Bk13 Credit Operations
Po Box 818011
Cleveland, OH 44181

Credit One Bank Na
Po Box 98873
Las Vegas, NV 89193

G&E Contracting, Inc.
600 Flora Dr
Algonquin, IL 60102

Gary A. Magee, M.D.
8135 N. Milwaukee Ave
Niles, IL 60714

Gentle Care for Kids Teeth
1446 Merchant Cir.
Algonquin, IL 60102

Good Shepherd Hospital
450 Illinois 22
Barrington, IL 60010

ICS, Inc.
PO Bx 1010
Tinley Park, IL 60477-9110

Illinois Department of Empl Sec
33 S. State St.
10th Floor
Chicago, IL 60606-2802

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Kohls/Capital One
Po Box 3120
Milwaukee, WI 53201

Law Offices of Joel Cardis, LLC
2006 Swede Rd
Ste 100
E. Norrrington, PA 19401

Lazy Boy/GECRB
Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076

LifeStorage of Barrington
1455 Barrington Rd
Barrington, IL 60010

Look What I Can Do Early Interventi
PO Box 88726
Chicago, IL 60680-1726

Med Business Bureau
Po Box 1219
Park Ridge, IL 60068

Medical Recovery Specialists LLC
2250 E. Devon Ave
Ste. 352
Des Plaines, IL 60018-4521

Merchants Credit
223 W Jackson Blvd
Ste 700
Chicago, IL 60606

Midwest Diagnostic Pathology SC
75 Remittance Dr
Ste 3070
Chicago, IL 60675-3070

Midwest Diagnostic Pathology, SC
75 Remittance Dr.
Ste. 3070
Chicago, IL 60675-3070

Midwest Diagnostic Pathology, SC
75 Remittance Dr
Ste 3070
Chicago, IL 60675-3070

National Asset Management
626 N. 4th ST.
Ste 201A
Steubenville, OH 43952

Navient
Attn: Claims Dept
Po Box 9500
Wilkes-Barr, PA 18773

Nicor Gas
P.O. Box 2020
Aurora, IL 60507-2020

North Shore Pediatric Therapy
Ste 103
1308 Waukegan Rd
Glenview, IL 60025

North Shore University Health Syste
100 S. Owasso Blvd W
Saint Paul, MN 55117

North Shore University Health Syste
23056 Network Pl
Chicago, IL 60673-1230

Northwest Collectors
3601 Algonquin Rd. Suite 232
Rolling Meadows, IL 60008

Oac
Po Box 500
Baraboo, WI 53913

Oakridge Lawn & Landscaping
2200 N. Huntington Dr.
Algonquin, IL 60102

Orthopedic Surgery Specialists
P.O. Box 2404
Bedford Park, IL 60499

Orthopedic Surgery Specialists, Ltd
P.O. Box 2404
Bedford Park, IL 60499-2404

Pediatric Specialists fo the NW
5057 Shoreline Rd
Lake Barrington, IL 60010

Pnc Bank
2730 Liberty Ave
Pittsburgh, PA 15222

Pnc Bank Na
Po Box 3180
Pittsburgh, PA 15230

Quest Diagnostics
PO Box 7306
Hollister, MO 65673-7306

Rage Property Management, Inc.
1450 Plymouth Ln
Elgin, IL 60123

Santander Consumer USA
Po Box 961245
Fort Worth, TX 76161

Sherman Hospital
1425 N. Randall Rd.
Elgin, IL 60123

Sherman Hospital
35134 Eagle Way
Chicago, IL 60678-1351

Sst/jpmc
Attn:Bankruptcy
Po Box 3999
St Joseph, MO 64503

Stainslaus Credit Control Service
914 14th St
PO Box 480
Modesto, CA 95353

Stephen A. Madry, MD
810 Biesterfield Rd.
Elk Grove Village, IL 60007

Synchrony Bank/ JC Penneys
Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076

Synchrony Bank/ Old Navy
Attn: Bankruptcy
Po Box 103104
Roswell, GA 30076

Transworld Systems Inc.
507 Prudential Rd.
Horsham, PA 19044

Transworld Systems, Inc.
507 Prudential Rd.
Horsham, PA 19044

Tri-County Emergency Physician
P.O. Box 98
Barrington, IL 60011-0098

Village of East Dundee Photo Enforc
75 Remittance Dr.
Ste. 6658
Chicago, IL 60675-6658

Visa Dept Store National Bank
Attn: Bankruptcy
Po Box 8053
Mason, OH 45040

Waverly Commons Condominium Assn
c/o Registered Agent Donald J. Rage
1450 Plymouth Ln
Elgin, IL 60123

William A. Hellyer, Ltd.
444 N. IL Rte 31
Ste 100
Crystal Lake, IL 60012